



San Diego Community College District Supplemental Application and Certification of Special Part-Time Joint High School Diploma Student

☐ City	■ Mesa	☐ Mirai	mar 🖵 ECC		Fall	□ Spring	□ Su	ımme	er	Yea	r: 20		
Name:			First		MI	Stude	nt ID N	umbe	er:				
,	(PRINT) Last First MI Current Grade Level: Expected High School Graduation Date:												
Current Grad	de Levei: _			Expecti	ea migr	School Grad	ualion	Date)				
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Diego C apply. 2. Lack Of A joint d for which apply.	Progress iploma student entries of the Admis	Probation Probation dent shal "W", "I" and ssion Re	se grade point a District will be placed on la and "NP" are recognitions and a placed on la gulations and a placed on la gulations and a placed on la and "NP" are recognitions and a placed on la and a pl	aced on tion ack of pro corded re	acaden ogress eaches	nic disqualifi disqualificat or exceeds 4	tion wh	Pro en th	batione ne pe	ercen ry sta	v stat tage atus v	of all will	l no unit
Student Sigr	Student Signature:				Date:								
	<u>H</u>	IIGH SCH	IOOL CERTIFIC	ATION (to be con	pleted by the h	igh scho	ol)					
This is to ce	This is to certify that:(Student's Name)				at:			high school has my					
recommenda accordance	ation to atte with Califor tudent is ap	end commonia Education in the common in the	nunity college base ation Code Section o attend the cour	sed upon on 48800	their at).5. below v	oility to benefi	t from a	ıdvan	ced s	schola	astic	work i	n
Course Course Reference					Class Meets								
Number	Number		Subject Area	Units	(Hours Begin/End)	М	Т	W	Th	F	S	
•			ing claimed for A			neets during	_			-			
upervising Adri RINT)	iii ii sii altii N		ast		First			Date:			_		
upervising Adn	ninistrator S	Signature:								High S			
chool Telephor	ne: <u>(</u>)								Seal/S	tamp		

PARENT/GUARDIAN PERMISSION FOR MINOR CHILD TO ENROLL IN A COLLEGE CLASS

(to be completed by the Parent/Guardian)

I grant permission for my child,					, to			
		Student's Name)						
enroll in the indicated class(es) listed herein during the:	☐ Fall	☐ Spring	☐ Summer	Year: 20				
Indicate College: 🚨 City	■ Mesa	■ Miramar	□ ECC					
I understand that in accordance with state & federal records without their written consent or a court order		not have the r	ight to access	s my child's col	llege			
Parent/Guardian Name:								
(PRINT) Last	F	irst		MI	_			
Parent/Guardian Signature:			Date:		<u>—</u>			
Parent/Guardian signature required	for all high	school stude	nts – NO EXC	EPTIONS				
MINOR'S AUTHORIZATION CO			L TREATME	NT				
 In cases of illness, injury or life threatening emergencies I hereby authorize San Diego City, Mesa and/or Miramar College Student Health Services staff to assess and treat my child. Permission is also granted to provide a referral to an outside physician and facility, if deemed necessary by health care providers. This permission does not cover special elective procedures requiring local anesthesia (suturing, biopsy, toenail removal). Parent/guardian will be contacted via telephone, and sent consent form for permission to perform these procedures. Per State law, parental permission is NOT required in cases of treatment of sexually transmitted disease and contraception (birth control). Nominal fees may be charged for laboratory, pharmacy and special procedures deemed necessary by health care providers at the college Student Health Services. Payment of these fees will be required at the time services are received. I authorize the college to provide medical treatment to my child in case of emergencies. Parent/Guardian Name: Last First MI Parent/Guardian Signature: Date: Date: Date: 								
ACCESS TO STUDENT RECORDS (to be completed by the student)								
I,(Student Name) maintained by the San Diego Community College Distric		-			∍cords			
This authorization will be effective beginning:		thr	ough:					
				(Term)				
Student Signature:			Date):				